

Delegation of Acquisition Authority

Please read the instructions on the reverse **before** completing Items 2, 3, 8, 9, and 15. Complete Part 1 and **send copies 1-4** to Division of Procurement, 31/3B-63. Keep the last copy,

Part 1 - ICD Request

POLICY

- a. The designee must have knowledge of Federal acquisition regulations, policies, and procedures according to Division of Procurement policy for approving officials. DHHS requires Level I certification as a pre-requisite for delegation of acquisition authority.
- b. The designee must be an executive officer, administrative officer, or administrative assistant.
- c. The requesting official (ICD directors, executive officers, NCI principal administrative officers, or their deputies) is responsible for ensuring that the designee receives proper training and complies with the procedures and instructions established by the Division of Procurement.
- d. This form must be submitted to cancel acquisition authority of individuals who are reassigned, transferred, or terminate employment.

1. NAME OF DESIGNEE (Last, first, initial)			2. TITLE		2. DELPRO I.D.
4. SERIES AND GRADE	5. ICD	6. BLDG./ROOM	7. PHONE NO.	8. NODE	
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9. ACTION REQUESTED (see definitions on reverse)

- ☐ Grant **new** delegation { ☐ This employee replaces _____ (Give replaced employee's name)
☐ This employee fills a new position.
- ☐ **Cancel** delegation
- ☐ **Change** in dollar amount of employee's delegation

ACQUISITION AUTHORITY REQUESTED (Limitations according to Div. of Procurement policy for approving officials.)

10. Type (check)	11. Dollar Limitation	12. Type (check)	13. Dollar Limitation
<input type="checkbox"/> Cash orders (SF 44)	\$ _____	<input type="checkbox"/> Manuscript publication costs	\$ _____
<input type="checkbox"/> Telephone Charge Orders	\$ _____	<input type="checkbox"/> Delegated Open Market Purchase Orders	\$ _____
<input type="checkbox"/> Scientific Repair Orders	\$ _____	<input type="checkbox"/> Delegated FSS Delivery Orders	\$ _____
<input type="checkbox"/> Professional/Consultant Services	\$ _____	<input type="checkbox"/> Records of Call	\$ _____
<input type="checkbox"/> Reprints (without covers)	\$ _____		

14. ☐ Completed Basic Acquisition course
☐ Completed Small Purchase course
☐ Date Level I Certification was ☐ granted or ☐ submitted
Attach copies of course certificates and Level I Certification, if available.
15. COMMENTS

16. SIGNATURE OF DESIGNEE	17. DATE
18. SIGNATURE OF REQUESTING OFFICIAL	
19. TYPED NAME OF REQUESTING OFFICIAL	20. DATE

Part 2 - DELEGATION OR CANCELLATION OF AUTHORITY (For Division of Procurement only)

1. The delegation requested above is hereby granted or canceled in accordance with FAR Subpart 1.6 and HHSAR 301.603-1, subject to the regulations policies, and procedures cited below.

DELEGATED ACQUISITION AUTHORITY

2. Type (check)	3. Dollar Limitation	4. Type (check)	5. Dollar Limitation
Cash orders (SF 44)	\$ _____	Combined reprint/publication costs	\$ _____
Telephone Charge Orders	\$ _____	Delegated Open Market Purchase Orders	\$ _____
Scientific Repair Orders	\$ _____	Delegated FSS Delivery Orders	\$ _____
Professional/Consultant Services	\$ _____	Records of Call:	\$ _____
Reprints (without covers)	\$ _____	Blanket Purchase Agreements	As limited by each Agreement
Manuscript publication costs	\$ _____	Indefinite Delivery Contracts	As limited by the terms of the contract

6. Regulations, Policies, and Procedures

- a. Orders must be placed in accordance with established ordering procedures and dollar limitations. The designee must assure that funds are available prior to entering into any obligations.
- b. Acquisitions are governed by FAR Part 13 (Small Purchases), Part 38 (Federal Supply Schedules), and HHSAR, Part 313.
- c. The authorities herein supersede all authorities previously granted to this individual.
- d. The authorities herein shall not be redelegated.
- e. This appointment is canceled upon reassignment of duties, transfer, or termination of employment.

7. COMMENTS

8. APPROVED BY (signature)	9. TITLE	10. DATE
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Part 1 - ICD Request

1. The ICD requesting office completes all of Part 1.
2. Please type or legibly print.
3. **Item 2 - Title:**
If other than Executive Officer, Administrative Officer, or Administrative Assistant, please attach justification to warrant granting exception to policy.
4. **Item 3 - Delpro ID:**
Three-letter ID assigned by DCRT to each Delpro user. If unknown, contact Delegated Procurement Program, 496-8178.
5. **Item 8 - Node:**
Two-letter code, appearing in the second and third position of all RQMs and Delpro order numbers which identifies the approving official responsible for a specific ordering activity. If unknown, contact Delegated Procurement Program, 496-8178.
6. **Item 9 - Action Requested:**

New delegation: Use for new hires and transfers between ICDs. Indicate whether the person is replacing another person. When an employee leaves and is replaced, you will need to prepare a separate form for that person to **cancel** his/her delegation.

Cancel delegation: Use for employees who are reassigned to non-procurement duties, are transferred to another ICD, or to terminate employment.

Change: Use this to request an increase or decrease in dollar limitations of an individual's delegation.
7. **Item 15 - Comments:**
Use for additional information, such as restricting the limitations on Records of Call.

Part 2 - Delegation or Cancellation of Authority *(For Division of Procurement only)*

1. Part 2 is for Division of Procurement (DP) use only.
2. After processing, DP will distribute copies of this form as follows:

White	--	Designee
Green	--	Division of Procurement
Canary	--	Requesting Official
Pink	--	DCRT
(Gold)	--	Requesting office keeps this copy)